



ARNG Education Support Center
APPLICATION FOR ASSESSMENT OF MILITARY EDUCATION AND TRAINING
Toll Free: 1-866-628-5999
Commercial: 1-501-212-4940
DSN: 962-4940
Fax: 1-501-212-4928
ESC Email: esc@ngpec.org

Box 101
Camp Joseph T. Robinson
North Little Rock, AR 72199-9600

Applicant: _____
First Name MI Last Name Social Security Number

Gender: M ☐ F ☐ _____
Maiden Name Nickname

Applicant's Address: _____
Street or P.O. Box Apartment Number

City State Zip Code

Applicant's Telephone: (_____) _____
Work number: May we contact you at work? Yes ☐ No ☐
(_____) _____
Home number: Best time to call? AM ☐ PM ☐

Pay Entry Base Date: _____ Date of Birth: _____
MM / DD / YY MM / DD / YY

MOS: _____ Pay Grade: _____

Applicant's E-mail Address: _____
Work E-mail Address May we contact you at work? Yes ☐ No ☐

Home E-mail Address

Applicant's status with the Army National Guard: (This will be verified prior to processing)

State Assigned: _____ _____	<input type="checkbox"/> Army National Guard Soldier (M-Day)	<input type="checkbox"/> Army National Guard (AGR)
	<input type="checkbox"/> Spouse of an Army National Guard Soldier (Sponsor's SSN: _____)	
	<input type="checkbox"/> Civil Service Employee of the Army National Guard	

Educational Background & Goal:

1. Have you taken courses through a College or University? Yes ☐ No ☐
(List each College/University attended. In order to process we will need a transcript from each institution.)
a. _____ b. _____ c. _____
2. If you have a degree, please complete the following:
College Name _____, Degree Awarded _____, Year Awarded _____
3. What level of degree are you seeking now? ☐ Associate ☐ Bachelor ☐ Master/PhD
4. Preferred Area of Study: ☐ MOS-Related Degree ☐ Fastest Track ☐ Subject _____

In signing this section, the applicant indicates that the information listed on this form is true and accurate: _____
Applicant's Signature Date

In accordance with the Family Education Rights and Privacy Act of 1974, the applicant grants permission for the ARNG ESC to discuss personal education information with state Education Services Offices and partnership institutions offering military credit recognition degree programs. Personal information shall not be given to other institutions or to a third party without the applicants written permission.

Please answer the following questions. In order to ensure the accuracy of your assessment and degree plans, we will process your application upon receipt of the documentation requested.

If you are seeking information on a Master's or PhD program we will only need documentation of your graduate work, please call us with any questions.

Why are you seeking a degree? ☐ Advancement in civilian career
☐ Advancement in military career ☐ Transition to officer

How did you hear about us? _____

YES NO

☐ ☐ **Did you serve in the Active Army or the ARNG prior to 1981 or have you ever been a Warrant or Commissioned Officer?**

- ☐ **If yes, send a current copy of DA form 2-1.**
(You may also want to send 1059s or course certificates for courses not reflected on your DA form 2-1.)

☐ ☐ **Did you serve in any branch of the military other than the ARNG, Active Army or Army Reserve?**

- ☐ **If USAF, send copy of CCAF Transcripts.**
(You may request a copy of your CCAF transcript at the following address:
CCAF/RRA, 130 West Maxwell Blvd., Maxwell AFB, AL 36112-6113)
- ☐ **If USN or USMC, send a copy of your SMART Transcript or a DD-214.**
(You may request a copy of your SMART transcript from the Navy College Center at
1-877-253-7122)
- ☐ **If USCG, send a copy of your DD-214.**

☐ ☐ **Have you taken courses at a college or university?**

- ☐ **If yes, send a legible copy (front and back) of transcripts from each college/university attended.**
(We do not accept grade reports or student printouts from college web sites.)

☐ ☐ **Have you taken college level examinations (CLEP, DSST, Excelsior College Exams, DLPT, etc.)?**

- ☐ **If yes, send a copy of your score reports.**
(If you took college level exams at a Military testing center the scores should be reflected on your AARTS transcript)

☐ ☐ **Do you have a professional certification or license?**

- ☐ **If yes, send a copy (front and back) of the license or certificate.**

☐ ☐ **Have you taken any civilian courses that may have been evaluated by the America Council on Education (Microsoft, New Horizons, Harcourt, National Fire Academy, etc.)?**

- ☐ **If yes, send a copy of the course completion certificate.**